



Annual Report 2022

**START**

TREATMENT & RECOVERY CENTERS

*The right way to treat people®*

# Our Mission

The mission of START Treatment & Recovery Centers is to provide the highest quality of compassionate, comprehensive, evidence-based healthcare and social services; education of the public concerning maintenance of healthy lifestyles; and cutting-edge behavioral, biomedical and healthcare services research.

## Our Vision

To transform the perception of addiction and behavioral health disorders by bringing dignity and respect to the lives, families and communities we serve.



**5+**

*decades of serving New York City*

**64,000+**

*participants engaged by START  
since its founding*

**3,430**

*participants treated by  
START in 2022*

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*“Among dealing with my issues, I’ve come to realize that I couldn’t do it alone. By coming to START, the treatment became helpful for me. This made me look at my situation differently and I wanted to get the help that I need. I realize that it’s gonna take a while for me to get better and I’m dealing with it through my recovery. The staff at START are very helpful and encouraging... My experience with START will never be forgotten and will always be appreciated”.*

*—D.T.*

# Message from the CEO and Board Chair

In 1969, Dr. Beny J. Primm took the courageous step to launch START formerly known as Addiction Research and Treatment Corporation in Brooklyn. A pioneer ahead of his time, he knew that something needed to be done to support his neighbors and fellow New Yorkers that were struggling with addiction and later the pain of the HIV/AIDS epidemic in New York City.

For 50+ years, the organization that Dr. Primm founded has been the pinnacle of care in substance use disorder services, mental health supports, and cutting-edge research to help some of the most underserved communities in New York City.

Over the last few years, START was able to successfully meet the challenges of COVID-19. As an organization at the forefront in the use of telehealth, we were well-positioned to make the transition when the pandemic necessitated a shift to telehealth as the primary means of providing care... and we delivered! In 2022, START also successfully continued our pandemic pivot by bringing on a new Chief Executive Officer and expanded group of talented leaders to carry on the incredible legacy of Dr. Primm and this storied organization.

As we look ahead, we will continue to innovate to meet the demands of an ever growing opioid and mental health crisis in our communities. To do this, we will add new programming, new research advancements, cultivating robust community and national partnerships, and expanded client services. Centering on our four guiding principles of Innovation, Equity, Compassion and Sustainability, we are committed to providing life-saving prevention, harm reduction care, and treatment as well as services for and connections to social, health, and mental health supports for those we serve.

Our 2022 Annual Report takes an in depth look at this last year and our substantial outcomes in programs, research, and patient care.

This is just the beginning of the new START. As our trusted partners and supporters, we hope you will join us on this life-saving journey!

**Jonnel C. Doris, MPPA, MDIV**

*Chief Executive Officer*

**Felicia Ivey, PhD, LMHC, SAP, CAMS-II**

*Chair, Board of Trustees*



# Our Leadership

## START Board Members List

**Felicia Ivey PhD, LMHC, SAP, CAMS-II**  
*Board Chair*

**Jean T. Stennett, MPA**  
*Vice Chair*

**Christian A. Yegen, Esq.**  
*Board Secretary*

**Shaun E. Smith, Esq.**  
*Treasurer*

**Michelle Aiyanyor, MHA**

**David C. Condliffe, Esq.**

**Matthew Danzer, Esq.**

**Evelyn Harrington, LSWW-R**

**Barbara Lee-Jackson, MPH**

**Meghan Marx, MS**

**Jennifer Norman, Esq.**

**Yuridia Peña**

**Ashanda Myrna Saint Jean M.D.**

**Ramondy Thermidor**

**Joyce Y. Hall (Trustee Emeritus)**

## The Executive Team

**Jonnel C. Doris, MPPA, MDIV**  
*Chief Executive Officer*

**Hilary M. Castillo, MPA**  
*Chief Operating Officer*

**Irving C. Delacruz**  
*Chief Financial Officer*

**Ivan Duncan**  
*Vice President, Real Property*

**Annie John, LCSW-R**  
*Vice President, Behavioral Health Services*

**Dr. Joyce Gholson, DO, AOA, ACOFP, FAOAAM**  
*Interim Vice President, Medical & Nursing*

**Benjamin Lipschitz, Esq.**  
*General Counsel*

**Michael T. McRae, PhD**  
*Chief Programs and Strategy Officer*

**Ana Ventuneac, PhD**  
*Vice President, Research and Evaluation*

**Shauna Walker, MS**  
*Compliance Officer*

**Karey Wallace, SHRM-SCP**  
*Vice President, People and Culture*

**Elizabeth Woodley, MBA**  
*Vice President, Information Technology*

# Locations

## Administrative Office

937 Fulton Street  
Brooklyn, NY 11238  
Tel: 718.260.2900  
Web: startny.org



## Manhattan Adult Programs

**Highbridge**  
2406 Amsterdam Avenue  
New York, NY 10033  
Tel: 212.543.2782

**Kaleidoscope**  
119 West 124<sup>th</sup> Street  
New York, NY 10027  
Tel: 212.932.2810

**REACH**  
119 West 124<sup>th</sup> Street  
New York, NY 10027  
Tel: 917.386.1790 ext. 1

**Starting Point**  
119 West 124<sup>th</sup> Street  
New York, NY 10027  
Tel: 212.932.2676

**Third Horizon**  
2191 Third Avenue  
New York, NY 10035  
Tel: 212.348.5650



## Brooklyn Adult Programs

**Bushwick**  
1149-55 Myrtle Avenue  
Brooklyn, NY 11206  
Tel: 718.574.1801

**East New York**  
494 Dumont Avenue  
Brooklyn, NY 11207  
Tel: 718.385.4000

**Fort Greene**  
937 Fulton Street  
Brooklyn, NY 11238  
Tel: 718.789.1212



## Adolescent Mental Health Programs

**Teen START**  
119 West 124<sup>th</sup> Street  
New York, NY 10027  
Tel: 212.222.2069

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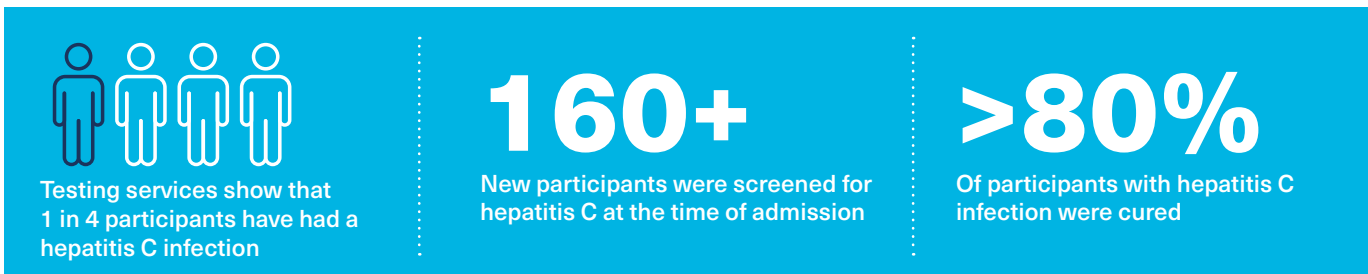
## Central Intake

Call now to schedule  
an appointment:  
Tel: 800.211.0996

# Research

START's Research and Evaluation Unit conducts behavioral, biomedical, and health services research to advance effective treatment and prevention practices that are vital for communities impacted by the opioid epidemic, infectious diseases, and other conditions that place people at risk for poor health outcomes.

## Hepatitis C Elimination Project



Since the beginning of the HIV epidemic, numerous research studies and clinical trials have been completed at START. For more than 20 years, START has participated in the Greater New York Node of the National Drug Abuse Treatment Clinical Trials Network (CTN), established by the National Institute on Drug Abuse (NIDA) to test behavioral, pharmacological, and integrated treatment interventions in rigorous clinical trials. START continues to make strategic investments to revolutionize our research in generating evidence to demonstrate impact on public health.

**Advancing health equity** is at the core of START's research mission. Funded by grants from the New York City Department of Health and Mental Hygiene (NYC DOHMH) Viral Hepatitis Program, and the New York State Department of Health AIDS Institute and Office of Addiction Services and Supports (OASAS), START has demonstrated its capacity to design, develop, and implement programs to make routine screening and treatment services more accessible to underserved communities, particularly to people who may not access healthcare settings at all due to stigma and other access-related barriers.

In 2022, we successfully completed three important research projects that had rapid, observable clinical benefits. This is particularly important in bringing biomedical advancements and highly effective medications to the very communities most affected by the opioid crisis and infectious diseases.





## Patient-Centered Outcomes Research Institute (PCORI)

**Grant Title:** *Stepped-Wedge Randomized Control Trial to Compare Integrated, Co-located, Telemedicine-based Treatment Approach for Hepatitis C Virus (HCV) Management for Individuals on Opiate Agonist Treatment and Usual Care Treatment of HCV of individuals on Opiate Agonist Treatment*

START's first project involved a grant from the Patient-Centered Outcomes Research Institute (PCORI) to conduct a trial comparing the integration of facilitated telemedicine onsite (intervention group) versus referral to an outside specialist (usual care group). Among the 156 patients enrolled in this trial at START, 85% in the telemedicine group achieved sustained virologic response (i.e., they were cured of hepatitis C infection) compared to 40% in usual care group. START submitted a manuscript highlighting the sustainability of the facilitated telemedicine model within opioid treatment programs that will be published in a peer-reviewed medical journal in 2023.



## Hepatitis C Prevention and Treatment Project

**Grant Title:** *New York City (NYC) Department of Health and Mental Hygiene (DOHMH) Special Projects Collaboration: Improving Hepatitis B and C Care Cascades*

Our second project involved a grant from the NYC DOHMH Viral Hepatitis Program to build capacity at START so that patients could receive treatment services conveniently onsite. This involved implementation using an iterative process of initial development and piloting of procedures and clinical workflows at one of our programs and then scaling to all programs with a refined and tested set of procedures and workflows. This proved to be effective particularly as we continued to serve our communities throughout the COVID-19 pandemic to make treatment accessible.



## CTN-0112 – OPTIMMAL Study

**Grant Title:** *Optimal Policies to Improve Methadone Maintenance Adherence Long term (OPTIMMAL)*

Lastly, START participated in a systematic investigation that was conducted nationally to examine the impact of changes in regulations on methadone administration during the COVID-19 pandemic. The OPTIMMAL study evaluated factors that contribute to successful treatment outcomes with increased take-home schedules and fewer visits in-person to access medications for opioid use disorders.

START, in partnership with researchers at New York University (NYU) was awarded a grant from NIDA to adapt and test an evidence-based trauma intervention to treat PTSD (post-traumatic stress disorder). Our study will incorporate input from our program participants and clinicians early in the development process, so as to learn and collect data about best practices that speak to our local context and the communities we serve. The methods we are employing will not only provide the best evidence about the intervention’s potential impact on mental health, but also about the implementation process, its scalability, and capacity for sustainability.

Prioritizing sustainability and scalability, a model of healthcare practice that can be generalizable and implemented widely in opioid treatment programs to treat PTSD has the potential to remove obstacles to healthcare access in communities with substantial health disparities. Building on our currently funded research study to implement treatment of PTSD, together with our NYU collaborators, we will adapt the intervention into a combination of face-to-face and tech-based mental health modules to improve upon the number of tools clinicians have at their disposal in targeting treatment approaches to best meet community needs.

Juxtaposed to long-held stereotypes and stigma about opioid treatment programs, specifically about methadone maintenance, our research aims to be impactful to the communities we serve by leveraging new treatment therapies and evidence-based psychosocial treatment modalities. The long-term sustainability of interventions and programs that work is of critical importance, and we strive to incorporate the voices of our participants throughout the research process. We design research utilizing the most appropriate methods to understand community perspectives. As one program participant highlighted,

*“I have been Hep C positive for a long long time, I was scared when I started having signs of jaundice, I was concerned about my liver and possibly dying. When I was told I could get treatment here I jumped at it. Within a month of starting treatment my viral load was negative, the staff was fantastic they explain everything, they were receptive to all my questions, it is has been a most satisfying journey”*

—C.B.

.....

“[M]aking people feel good about themselves... [My counselor] helped me to understand that I can accomplish anything even at my age. I explained to her that if I had grown up under different circumstances, I believe I would’ve been a doctor. It took me several years, but I taught myself how to read and write, and now I believe the sky’s the limit...This program has given me a sense of stability, where I can make mistakes and still move forward.” said VT.

Providing access to life-saving treatment is perceived as eliciting a sense of hope, as one of our participants noted, “I’ve been using for long part of my life... this program has helped me to learn something about myself. I’m proud of the fact that I’m not using today. I believe in the hope that this medication instilled because it allowed me the freedom to choose.”

# RESEARCH HIGHLIGHTS 2022

## Webinars and Presentations

Expanding Hepatitis C Treatment Services at a NYC Opioid Treatment Program. Oral presentation at the OASAS Provider Panel Webinar on Building HCV Treatment Capacity in OASAS-certified Programs, January 12, 2022

Leveraging 340B for the Expansion of Viral Hepatitis Services in Opioid Treatment Programs. Oral presentation at the NASTAD Annual Meeting, May 25, 2022.

Preventing Infectious Disease in People Who Use Drugs: Annual Update November 1, 2021 - July 31, 2022. Oral presentation at the HCV/HIV Prevention Year One Webinar, August 18, 2022.

Implementing Hepatitis C Screening and Treatment in a System of Medication Assisted Treatment Programs in New York City. Oral presentation for the workgroup: Increasing Capacity within Substance Use Disorder Treatment Programs to Provide Hepatitis C Services. 2022 Ending the Epidemic (ETE) Summit, November 29, 2022

## Manuscripts

Talal AH, Markatou M, Sofikitou EM, Brown LS, Perumalswami P, Dinani A, Tobin JN. Patient-centered HCV care via telemedicine for individuals on medication for opioid use disorder: Telemedicine for Evaluation, Adherence and Medication for Hepatitis C (TEAM-C). Contemporary Clinical Trials. 2022 Jan 1;112:106632.

## Completed Projects

Stepped-Wedge Randomized Control Trial to Compare Integrated, Co-located, Telemedicine-based Treatment Approach for Hepatitis C Virus (HCV) Management for Individuals on Opiate Agonist Treatment and Usual Care Treatment of HCV of individuals on Opiate Agonist Treatment (Patient-Centered Outcomes Research Institute - PCORI, IHS-1507-31640, Andrew H. Talal, MD, University at Buffalo, SUNY)

Optimal Policies to Improve Methadone Maintenance Adherence Long term - OPTIMMAL (National Institute on Drug Abuse, Clinical Trials Network, CTN-0112, Arthur Williams, MD, MBE, Columbia University)

Improving Hepatitis B and C Care Cascades (New York City Department of Health and Mental Hygiene)

## New Research Grants

**Intervention to address trauma:** Trial testing the adaptation of the Skills Training in Affective and Interpersonal Regulation with Narrative Therapy (STAIR-NT) intervention (National Institute on Drug Abuse, R34DA057678; Collaborators: Amanda Bunting, PhD, New York University and Tanya Renn, PhD, Florida State University, Principal Investigators)

**Prevention and treatment of infectious diseases:** Program expanding HIV and Hepatitis C screening and treatment services at opioid treatment programs (New York City Department of Health and Mental Hygiene, 22-VHC-131)



## OBJECTIVES AND GOALS

Over the next 5 years we will strengthen our research portfolio, including studies we are currently conducting and building on to address social determinants of health and health inequities, expand evidence-based interventions and clinical practices for adults and adolescents, and leverage biomedical and technological innovations for improved health outcomes. START's research investments will continue to support scientific and clinical research related to the prevention and treatment of opioid use disorders, mental health disorders, and infectious diseases.

# OUR PROGRAMS: ADULT PATIENT CARE



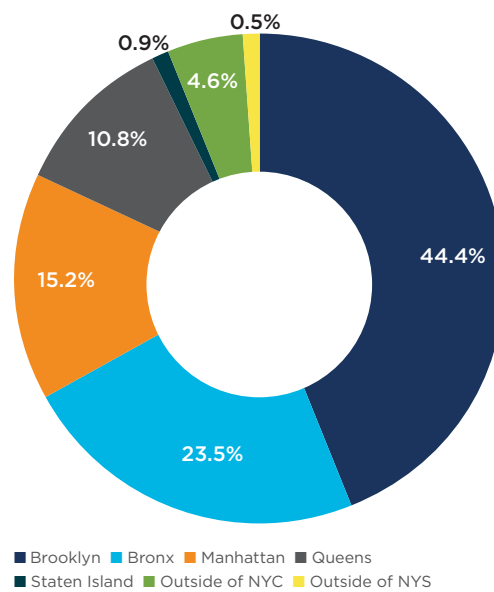
# MEDICATION FOR ADDICTION TREATMENT

START has taken pride in providing substance use services, primarily for opioid use disorder, in New York City for more than 50 years. There are seven opioid treatment programs (OTPs) at START (3 sites in Brooklyn and 4 sites in Manhattan) that provide lifesaving FDA approved medications to treat opioid use disorder. Every patient who comes to START is oriented to their home clinic; receives (1) an individual assessment by the Medical and Nursing and Behavioral Health Services teams; (2) screening services that includes testing for opiates and cocaine; and (3) a multidisciplinary service plan that from the first visit focuses on individual patient needs, both short and long-term, with an overall goal of obtaining the best possible outcomes, as guided by the participant. In the year 2022, START, with the help of our **Centralized Admission Process**, treated 3,430 patients.

## Medical and Nursing

Our Medical and Nursing teams are committed to delivering evidence-based, person-centered care and keeping pace with evolving best practices. Our providers' clinical expertise and empathic, relationship-based approach draws new participants and helps to retain them in care for conditions that are both highly stigmatized and have significant disparities across race, income and neighborhood. The team provides non-judgmental care for behavioral health disorders as well as complex comorbidities and serves people from all five boroughs, advancing our goal of promoting health equity.

**START Participants  
Borough of Residence**



**2,805**

Number of people newly reported with chronic hepatitis C in NYC in 2022

**34.4**

Rate of newly reported chronic hepatitis C per 100,000 people in NYC in 2022

**23%**

of participants are living with chronic HIV and/or hepatitis C infections.

### Hepatitis C Virus (HCV)

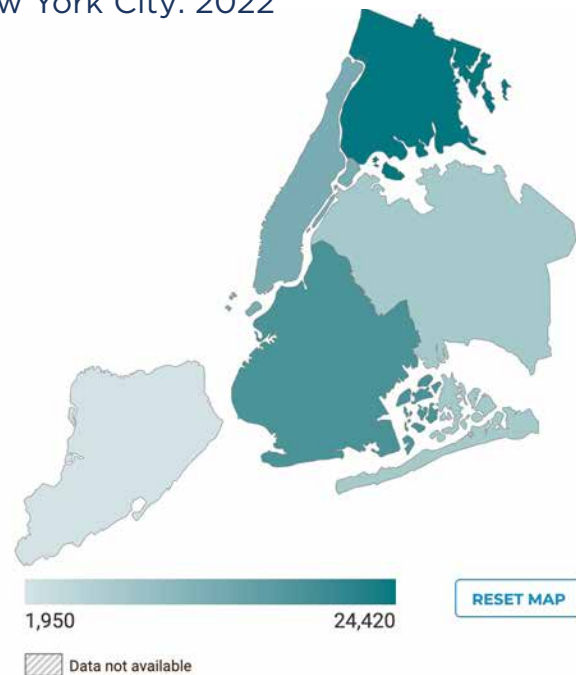
START's Research & Evaluation team led two projects related to improved access to hepatitis C treatment services, which has implications for opioid treatment programs more broadly where integrated treatment services serve to decrease potential barriers to treatment access and to improve drug user health. One approach has been to develop and test acceptable methods to more effectively engage our program participants, such as using telemedicine and other supports compared to referring participants to health centers for offsite services. Another approach has been focused on training clinical providers and case management staff in the diagnosis and treatment of hepatitis C and designing informational sessions that are appealing to program participants.

These approaches led to improved outreach and engagement efforts and streamlined clinical workflows that resulted in an increase in viral suppression. Among START participants with chronic hepatitis C infection, 89% were virally suppressed in 2022, an increase of nearly 25% from the previous year.

### HIV/AIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) developed the Global AIDS Strategy (2021-2026) to reduce the inequalities that drive the AIDS epidemic and end AIDS as a public health threat by 2030. In 2022, 39 million people were living with HIV globally and 1.3 million people became newly infected, down by 38% compared to 2.1 million people who were infected in 2010. At START, substantial improvements have been made to meet testing and treatment targets reflecting our commitment to ending AIDS. Among START participants living with HIV, 75% were virally suppressed in 2022, an increase of nearly 10% from the previous year.

### Estimated people living with HIV New York City: 2022



### Opioid Overdose

With the increasing number of deaths due to opioid overdose, particularly in New York City; START has mandated overdose and response training for all employees and has naloxone (Narcan) kits at all clinic locations

# BEHAVIORAL HEALTH

## Initiatives and Successes

START's Behavioral Health team provides many critical services, including individual and group counseling, psychotherapy and participant-centered care planning. Their holistic and trauma-sensitive approach is key to engaging participants who face many barriers to wellness, including limited access to secure housing and food sources, economic opportunity and healthcare, and other social determinants of health. In addition to coming from marginalized communities, many of our participants have had negative experiences with traditional healthcare due to the stigma associated with mental health and substance use disorders. Our expert behavioral health staff work to build trusting relationships and reinforce START as a community of care that aims to treat the whole person.

At the time of admission, over 33% of patients report a co-existing psychiatric disorder and 44% reported having ever received treatment for a mental health disorder. Nearly 20% reported having been hospitalized for a mental health disorder.

**+95%**

had an income well below the federal poverty level.

**35%**

report being homeless or difficulty sustaining stable housing.

**76%**

were enrolled in Medicaid, 10% in Medicare, and 13% were enrolled in both Medicaid/Medicare health coverage.

### Telehealth Designation

During COVID-19, New York State relaxed many of the regulations surrounding the use of telehealth to allow us to continue to deliver services via video or phone. In anticipation of the end of the State of Emergency, START received approval for all of its programs to continue to deliver telehealth services via our Microsoft Teams platform well into the future. This allows patients to access services at their clinics without having to travel, and it allows us to deliver services to patients on days when they are not in the clinic to pick up their medication.

### Psychiatric Services

The year 2022 brought an increased focus on mental health services. The COVID-19 pandemic exerted severe pressures on all levels of society, and was particularly severe for people with pre-existing mental health and substance use disorders. Social isolation, unmet need for mental health services, and decreased access to them exacerbated the situation.

In order to address the mental health needs of our patients, START hired a double board certified psychiatrist/addiction medicine specialist in 2022, who is now providing psychiatric care in at all of our opioid treatment programs. Services include psychiatric assessment, diagnosis, psychotherapy, and medication management.



## New Electronic Medical Record System

### The aims of this effort are to:

- Integrate behavioral health and medical data in a single platform
- Automate insurance verification
- Graph patient progress toward goals over time
- Provide a patient portal and automation of the consents process

Innovation is one of START's core values. Consistent with this value, START began the Request for Proposal (RFP) process for a new, integrated Electronic Medical Record (EMR) System that uses the latest in behavioral health and medical technology. This system will allow START to streamline processes, decrease claim denials, and eliminate multiple systems. The Behavioral Health Services and Medicine and Nursing units will be able to access patient data in one single system. Key features include instant insurance verification each time a patient receives a service, the ability to graphically track a patient's progress toward their identified goals, the ability to order labs or prescriptions, and the ability to run ad hoc reports as needed. All of these features will allow START to more effectively provide services to our patients in order to improve our outcomes, while maintaining or improving reimbursement.

## Development of Peer Support Program

START recognizes that substance use disorder (SUD) is a chronic illness/condition and as with other chronic, relapsing conditions, individuals seeking to enter long term recovery need a broad continuum of care services including non-clinical support. The foundation of peer support services is person-centered. Even though services emphasize knowledge and wisdom through lived experience, peers are encouraged to be extremely intentional in how they share their stories or pull from first-hand knowledge to ensure that they are supporting the program participant's own pathway to recovery.

Peer support services are founded on the principles of respect, shared responsibility, and mutual understanding. In 2022, we began our search to hire Peer Advocates to serve in our clinics to support our patients in their journey to recovery and/or harm reduction. Our Peer Advocates will serve as a liaison between the clinics and the community resources that our patients will need to access. Most importantly, the Peer Advocates offers the benefits of mentorship, a sense of accountability, fostering treatment engagement, and helping our patients to realize they are not alone in the recovery process.

## Harm Reduction: Overdose Prevention

At the core of the opioid crisis is the increasing rate of overdose-related deaths in New York. The increase in drug overdose deaths continues to be fueled by the presence of fentanyl in the supply of heroin and other drugs. Our staff members have taken the initiative to join in the fight against the rise in overdose deaths. Every month our medical team provides hands-on training to our patients on the use of naloxone (aka, Narcan) as a method of harm reduction. naloxone is distributed to our patients regularly. We also educate our patients on the importance of not using drugs alone, always carrying a Narcan kit with them, and a list of emergency numbers. Annually, all staff members receive training/retraining in the use of Narcan.

## Brooklyn Opioid Treatment Programs

### » State Opioid Response Grant

This grant accomplished the following:

- Delivered an evidence-based parenting program through collaboration with Program for the Development of Human Potential, focused on improved communication and prevention
- Increased both internal and external referrals for mental health and vocational services

### » Community Event in East New York

Participation increased the visibility of START programs and services, strengthening community ties. Meetings were held with various district stakeholders, including Senator Roxanne Persaud and the Office of Assembly Member Charles Barron.

## Manhattan Opioid Treatment Programs

### »Third Horizon / Long Island Collaboration

Opioid addiction has become a growing problem for the communities of Nassau and Suffolk counties at a time when clinic closures and an unacceptably long wait-list for individuals seeking to enter into treatment have resulted in severely limited resources. Third Horizon has worked in collaboration with the overburdened Long Island OTPs, and has become a safe haven in accepting individuals seeking treatment for their opioid use disorder, significantly increasing the census at Third Horizon.



# VOCATIONAL REHABILITATION

START offers our participants vocational rehabilitation, which includes specialized services for those who face health-related barriers to employment. Our Vocational Program aligns with the agency's focus on promoting economic stability for participants, as well as its vision for holistic, integrated care.

Participants receive personalized support and resources necessary to achieve economic self-sufficiency and meaningful, productive integration into the community. Program success takes many forms and is defined by a participant's specific priorities for, and barriers to, sustained community engagement.

#### Successful outcomes include:

- Earning a certificate or degree that enhances the participants candidacy for employment (e.g., an OSHA certificate)
- Gaining a skill that helps the participant to navigate their community and pursue employment, in addition to other goals (e.g. improved literacy)
- Volunteering with a local community center, where the participant develops positive relationships with fellow volunteers and community members

START's Vocational Rehabilitation program was significantly impacted by the COVID-19 crisis. Due to the pandemic, many were forced to stop their work readiness activities (preparing and actively looking for employment). At the same time, many of our patients stopped participating in work-related activities (educational classes, technical trainings, GED/TASC and literacy classes, as well as English as second language), due to closure of in-person classes. These effects continued to be seen well into the 2022 service year.

Despite this, we have continued in vocational counseling, to actively engage our patients, so that they will be as prepared as possible to resume vocational activities once opportunities in the marketplace have returned to pre-COVID-19 levels. During 2022, we conducted more than 3,500 vocational sessions in our effort to help our population prepare to achieve their vocational goals. While many of our participants are not seeking employment due to age or mental or physical conditions, they are still engaged in goal-setting and planning towards active community participation.

**3,500+**

VOCATIONAL SESSIONS

**1,000+**

PARTICIPANTS WERE ENGAGED  
IN VOCATIONAL SERVICES



# INTENSIVE OUTPATIENT PROGRAM: REACH

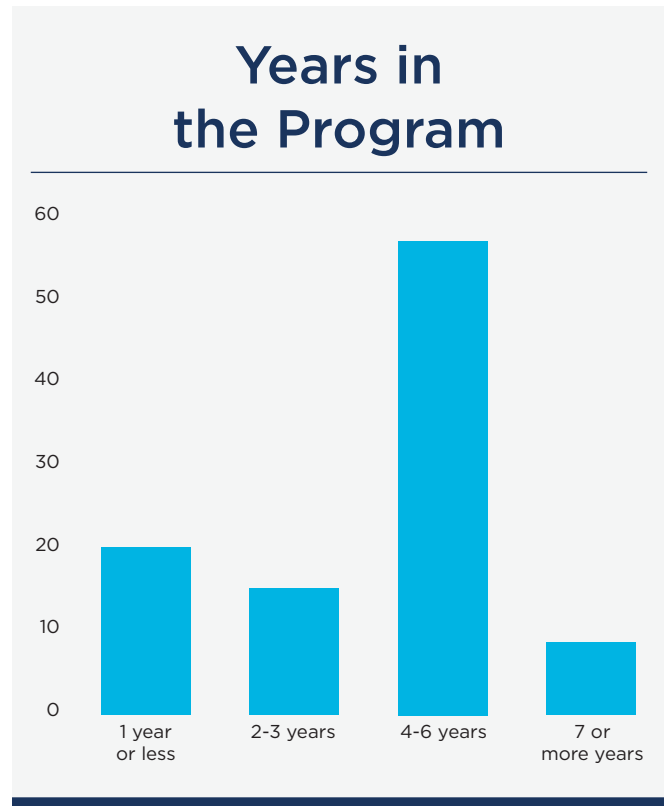
REACH is START's intensive Outpatient Chemical Dependency Program that targets adult patients from the five boroughs who face challenges with addiction to any substance. REACH (Recovery, Education, Advocacy & Change for Health) is designed to provide multi-modality rehabilitative services to assist patients with improving their health and advancing recovery from addiction, as well as achieving long-term personal and familial stability and economic self-sufficiency.

Available services include primary health care; acupuncture; individual counseling, and access to a wide range of group counseling such as Poly-drug Education; Activities of Daily Living; Anger Management; Stress Management; and Relapse Prevention. We provide education about the effects of substance use and addiction to patients, their significant others, and other community agencies, organizations, and groups to promote prevention where possible and intervention for persons who are affected.

**T**he REACH staff is experienced in treating patients who are diagnosed with co-occurring mental health and substance use disorders. Patients who are diagnosed with chemical dependency and are assessed as needing intensified intervention for their mental health issues will be referred to the staff members who are specialized to provide both chemical dependency counseling and mental health services. We have a psychiatrist that conducts assessments and provides, when clinically indicated, medication management for our patients.

In 2022, we received our telehealth designation which has allowed us to expand our services to the community. While the need for the types of services provided at REACH has been known and addressed by START for years the COVID-19 pandemic brought this need into sharper focus to the greater healthcare provider community. As a result, REACH is uniquely positioned to be at the forefront in providing these critically needed services.

The enclosed chart provides a breakdown of the length of stay in treatment for patients served. It indicates that a majority of our patients remain in treatment for 4-6 years.





# Mental Health Services For Youth

# Teen START

Teen START is the agency’s Article 31 outpatient mental health program certified by the New York State Office of Mental Health (OMH) specifically to address the complex mental health needs of young people, their families, and loved ones. Teen START has remained remote throughout the year, allowing clinicians to provide care to teens across New York City while maintaining Covid-19 safety precautions. We are proud to have served over 50 clients and families this year and are excited to expand our reach even further in 2023!

**The Teen START team continued to grow in 2022. Our team consists of:**

- Vice President of Behavioral Health Services
- Clinic Director
- Two full time licensed psychotherapists
- Board-Certified Bilingual Spanish/English Child and Adolescent Psychiatrist

We also partnered with Columbia University Teachers College to develop an internship program for their Licensed Mental Health Counseling program. We hosted one intern for the academic year who provided individual therapy and family counseling to a small caseload of clients. Using several HIPAA compliant technology platforms including Zoom and Microsoft Teams, our clinicians were able to continue providing quality treatment to our clients and their families throughout the year.

2023 program goals include an expansion of both individual and group therapy sessions to a hybrid in-person and remote model, vocational preparation workshops, and in-person extracurricular events.



# External Affairs/ Partnerships

START Treatment & Recovery Center is an important part of our community, actively engaging in various initiatives that make a positive impact. At START we go above and beyond by organizing back-to-school donation drives, ensuring that underserved children have the necessary supplies to start the academic year with confidence. We also contribute to local food drives, addressing food insecurity and supporting struggling individuals and families. START Treatment & Recovery Centers actively participate in various events throughout New York, fostering a sense of unity and community. At START we consistently strive to uplift and support those in need.



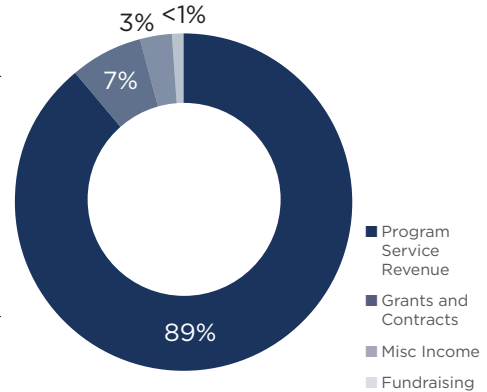


# Financials 2022

Below is the summary of START's financial performance during the period from January 1, 2022 to December 31, 2022:

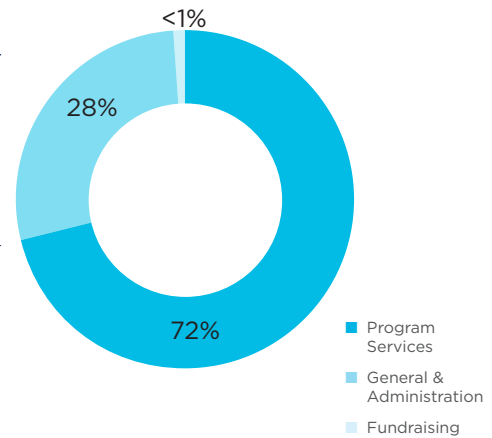
## Sources of Funds\*

|                         |                 |             |
|-------------------------|-----------------|-------------|
| Program Service Revenue | \$29,304        | 89%         |
| Grants and Contracts    | \$2,323         | 7%          |
| Fundraising             | \$75            | <1%         |
| Misc Income             | \$1,143         | 3%          |
| <b>Total</b>            | <b>\$32,845</b> | <b>100%</b> |



## Use of Funds\*

|                          |                 |             |
|--------------------------|-----------------|-------------|
| Program Services         | \$23,462        | 72%         |
| General & Administration | \$9,089         | 28%         |
| Fundraising              | \$116           | <1%         |
| <b>Total</b>             | <b>\$32,667</b> | <b>100%</b> |



## Net Assets\*

|                          |                  |
|--------------------------|------------------|
| Fund Balance, 1/1/2022   | \$43,820         |
| Fund Balance, 12/31/2022 | \$33,418         |
| <b>Increase</b>          | <b>-\$10,402</b> |



\* All amounts are in thousands



*“When I first started attending START eight years ago, I was a lost soul. Thanks to my higher power he has put wonderful START staff members in my life to get me on the right path. START helped me focus on getting well. When I came to START I was homeless, but when I got focused I went from renting a room to renting an apartment. My next goal is to purchase my first home in the near future. What an achievement and all of this is because of START and its wonderful staff members.”*

*—J.M.*

# START

## Donors 2022

**Thank you with sincere appreciation to the people who provide financial support to START.**

Through the generous contributions of our supporters, START is able to continue to evolve and improve our programming to serve the most vulnerable New Yorkers. It is because of this support that we are able to strategically envision our next steps and the future of START. We remain grateful to each of our donors for enabling our work to continue and meeting the changing needs of the communities that we serve.

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